

Filipino attitudes toward pain medication

A lesson in cross-cultural care

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Information about cultural patterns presented in this article and others in this series represents generalizations, which should not be mistaken for stereotypes. Cultural generalizations will not fit every patient, but awareness of broad patterns can give practitioners a starting point from which to provide appropriate care. The information on Filipino symptom management in this essay is taken from R Cantos and E Rivera's chapter in *Culture and Nursing Care: A Pocket Guide*, edited by J G Lipson, S L Dibble, and P A Minarek and published by University of California, San Francisco, Nursing Press (1996).

One of the comments I frequently hear in my nursing classes is that there is a tendency among Filipino nurses to undermedicate their patients who are having pain. I am told that if a physician prescribes a range of dosages, they will often choose to administer the lowest dose. One evening, I decided to ask the Filipino students in my class if that were really the case and, if so, why. Many of them agreed with the statement and offered me a number of explanations, including that pain medication is scarce in the Philippines, so they are trained to use as little as possible to make it go further. Among other reasons is that stoicism is highly valued and, for Catholic Filipinos, suffering is an opportunity to demonstrate virtue.

A few minutes into the discussion, I noticed tears falling from the eyes of one of the Filipino students. When I asked Cecilia what was wrong, she quietly explained that her mother had died of cancer a year earlier. Because she was a nurse, the hospice had arranged for her to administer the strong dosages of medication necessary to ease her mother's pain. Cecilia did so, but automatically cut the dosages in half before giving the medication. She certainly did not want her mother to become a drug addict. Besides, her mother never complained about not getting enough medication.

Now, through the class discussions, she realized that her long-ingrained habits and attitudes toward pain medication had caused her mother needless suffering. Her mother was dying; "addiction" was a meaningless concept at this point in her life. But her mother was

gone, and there was nothing she could do to make up for it.¹

PAIN (MASAKIT)

Most Filipinos can be stoic, so do not rely on the expression of pain to determine a person's level of pain. Offer pain medications as ordered. Some patients have a high pain threshold. Understand the numeric scale of expressing pain. Filipinos are fearful of becoming addicted to narcotics. They hate shots, preferring to take medications by mouth or through an intravenous drip. Offer warm



Aaron Favila/AP

Filipinos characteristically are stoic in the face of pain

compress when necessary. Some will moan as a way of expressing pain.

DYSPNEA (HINDI MAKAHINGA [“CAN’T BREATHE”])

Filipinos tend to get frantic when dyspneic. They will hyperventilate and will use oxygen after some explanation. Some will be more anxious about using oxygen, associating its use with greater gravity of disease.

NAUSEA AND VOMITING (NASUSUKA [“NAUSEATED”])

Because of modesty and shame, a Filipino patient will alert a nurse after vomiting. Some will clean up or throw away vomitus. Some will ask the nurse for nausea medication.

CONSTIPATION OR DIARRHEA

Filipinos become uncomfortable if routine bowel movement is disrupted. Because of modesty, they will disclose this to a nurse only when asked. They will accept measures

to correct alteration in bowel functions, but enemas are used only as a last resort.

FATIGUE (PAGOD [“TIRED”])

Filipinos are accustomed to taking naps in early afternoon. They hesitate to use sleeping pills for fear of addiction.

DEPRESSION (LUNGKOT [“SAD”])

Because of shame, they will not acknowledge depression to health care professionals unless asked.

SELF-CARE FOR SYMPTOM MANAGEMENT

Filipinos do not respond to illness until it is advanced, they have taken to bed, or are in severe pain.

Reference

- 1 Galanti G. *Caring for Patients From Different Cultures*. 2nd ed. Philadelphia: University of Pennsylvania Press; 1997.